

Delayed urethral realignment surgery was performed successfully on 33<sup>rd</sup> day after injury. There was only blind end at the end of the bulbourethral without any lumen. The tract was created by optic urethrotomy and cystoscopic dilatation. However, we found recurrent urethral stricture with polyps and scarring tissue formation after urethral soundings every time at urethroscopy follow-up. Thus, we arranged urethrotomy with Laser ablation (500mJ, 12Hz) to the scarring tissue, internal dilatation with balloon dilator at stricture ring (20 atm for 20 minutes) and urethral sounding to 26 Fr. Furthermore, we injected triamcinolone (Kenacort A) into the peri-urethral scarring tissue. The urethroscopy follow-up revealed patent urethra with very mild bulbourethral stricture 35 days after triamcinolone injection. Finally, there was no more urethral polyp or stricture 63 days after injection. The bulbourethral mucosa had complete healing with excellent smooth surface.

**Conclusion:** Although the recurrence rate of urethral stricture was high after complete bulbourethral disruption, the combination therapy of Laser ablation, balloon dilatation and intralesional triamcinolone injection could effectively eliminate the scarring tissue and hinder the inflammation process causing stricture. This patient is now cured from bothersome recurrent urethral stricture and also free from the repeated suffering urethral soundings.

#### IPD37:

#### RENAL CELL CARCINOMA IN AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE – A CASE REPORT

Yuan-Lung Yang, Fee Le Chen, Ming Kuen Lai. *Divisions of Urology, Department of Surgery, Camillians Saint Mary's Hospital Luodong, Yilan, Taiwan*

Renal cell carcinoma (RCC) is an infrequent complication in patients with autosomal dominant polycystic kidney disease (ADPKD) When compared with the general population, it does not appear to occur with increased incidence.

The diagnosis of RCC in ADPKD is difficult to establish. Patients could present with hematuria, flank mass, bleeding into cysts. Findings of complex cysts on ultrasonography, computed tomography (CT) scanning, or magnetic resonance (MR) imaging are common in ADPKD, even in the absence of malignancy.

Herein, we present a 67years old woman who was admitted due to hypertensive crisis and atypical pneumonia. Abdomen to pelvis CT with and without contrast enhancement in dynamic technique showed enlarged bilateral kidneys with multiple renal cysts formation, and there was an oval solid nodule (3.6x2.8x2cm) in lower pole of left kidney. Compared with previous study in 2008, the renal tumor size progressed. Under the impression of left renal tumor, laparoscopic left partial nephrectomy was done smoothly. The pathology revealed clear cell type RCC, pT1a. The patient was discharged uneventfully and remained disease free during follow up.

#### IPD38:

#### A TESTIS BURSTED OUT – A RARE SCROTAL TRAUMA WITH EXPOSED TESTICULAR DISLOCATION CASE REPORT AND LITERATURE REVIEW

Po-Jen Huang<sup>1</sup>, Chien-Hsun Huang<sup>1</sup>, Yi-Chun Chiu<sup>1,2,3</sup>, Allen W. Chiu<sup>1,2,3</sup>. <sup>1</sup>Division of Urology, Department of Surgery, Taipei City Hospital, Zhong-xiao Branch, Taiwan; <sup>2</sup>Division of Urology, Department of Surgery, Taipei City Hospital, Ren-Ai branch, Taiwan; <sup>3</sup>Department of Urology, School of Medicine, National Yang-Ming University, Taipei, Taiwan

**Purpose:** Traumatic testicular dislocation is rare, especially with testis protruding out of the scrotum. Most dislocations occurred with other major trauma. Herein we report a case of bursted testicular dislocation without any other injury.

**Materials and Methods:** A 18-year-old man hit on a pillar during riding a motorcycle. His chief complaint was mild left scrotal pain. Vital sign was stable at emergency department. No wound, ecchymosis, contusion, or

bone fracture was found (except some blood on underpants). Left testis was exposed out of the scrotum (pic1). Emergent scrotal repair was performed under spinal anesthesia. During the operation, we found bursted scrotal skin wound about 2 centimeter in length, and the tunica vaginalis of the exposed testis was intact. Post-operative ultrasonography showed intact testicles with normal blood flow and no hematoma nor hydrocele was noted.

**Results:** According to the literature we can query currently, most traumatic testicular dislocations are related to direct external impact, often accompanying with severe pelvic or systemic trauma. There were very few cases of only testicles bursting out of scrotum. This patient was wearing tight jeans, so presumably it was caused by strong shearing force which produced by powerful impact and increased frictional force provided by the tight jeans. Such blunt trauma in limited space produced impact that made the testicle protrude out of the scrotum. This kind of traumatic bursted testicular dislocation is extremely rare, so we hereby report.

**Conclusion:** Traumatic protruding dislocation of the testis without major trauma is rare. Emergent scrotal repair is a feasible method for patients with traumatic testicular dislocation.

#### IPD39:

#### A HIDDEN CAUSE OF NEUROPATHIC BLADDER: SACRAL HERPES ZOSTER – A CASE REPORT

Meng-Han Chou, En Meng, Sheng-Tang Wu, Tai-Lung Cha, Dah-Shyong Yu, Guang-Huan Sun, Chien-Chang Kao. *Division of Urology, Department of Surgery, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan*

**Purpose:** To present a rare manifestation of voiding dysfunction secondary to sacral herpes zoster

**Materials and Methods:** A 30-year-old woman presented with perineal and vulvar pain and rashes which had started 5 days earlier, with a gradual progression of symptoms. Acute voiding dysfunction developed at the time of her presentation to our emergency department. Physical examination disclosed multiple vesicular eruptions over perineal region along the dermatomes at the sacral level.

Her urodynamic study revealed detrusor areflexia and cystoscopy showed congestion of bladder wall. Neuropathic bladder secondary to sacral herpes zoster was made and her symptoms improved with the administration of oral Famciclovir and topical Acyclovir.

**Conclusion:** Herpes infection induces interruption of the detrusor reflex and flaccid bladder subsequently. The clinical course was benign and reversible at voiding function. The presented case demonstrates a thorough history taking and detailed physical examinations including genital exams are significant to differentiate the rare causes of voiding dysfunction.

#### IPD40:

#### THE EFFICACY OF TRANSRECTAL PROSTATE NEEDLE BIOPSY IN OLDER MEN

Huang-Fu Lin<sup>1</sup>, Chien-Hsun Huang<sup>1</sup>, Chang-Chi Chang<sup>1,2,3</sup>, Yi-Chun Chiu<sup>1,2,3</sup>, Thomas Y. Hsueh<sup>1,2,3</sup>, Shing-Hwa Lu<sup>1,3</sup>, Allen W. Chiu<sup>1,2,3</sup>. <sup>1</sup>Division of Urology, Department of Surgery, Zhongxiao Branch, Taipei City Hospital, Taiwan; <sup>2</sup>Division of Urology, Department of Surgery, Renai Branch, Taipei City Hospital, Taiwan; <sup>3</sup>Department of Urology, School of Medicine, National Yang-Ming University, Taipei, Taiwan

**Purpose:** If a man had a higher PSA value or abnormal DRE finding, raise the suspicion of prostate cancer, a prostate biopsy will be suggested. But the treatment is based on the patient's age. Life expectancy, rather than patient age, is important to keep in mind when choosing a treatment. From 2009 to 2011, the men of Taiwanese had a mean age 75.96 years. We want to know the effect of TRUSP Bx in men older than 80 years.

**Materials and Methods:** We retrospectively reviewed charts of male patients who received TRUSP Bx at Zhongxiao Branch of Taipei City